

SCORING TOOLS

Comprehensive Anxiety and Mood Screening Tools

A Please circle one of the four answers that comes closest to how you have felt in the past 7 days, not just how you feel today.

<p>1. I have been able to laugh and see the funny side of things</p> <p>0 <input type="radio"/> As much as I always could</p> <p>1 <input type="radio"/> Not quite as much now</p> <p>2 <input type="radio"/> Definitely not so much now</p> <p>3 <input type="radio"/> Not at all</p>	<p>3</p> <p>2</p> <p>1</p> <p>0</p>	<p>6. Things have been getting on top of me</p> <p><input type="radio"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="radio"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="radio"/> No, most of the time I have coped quite well</p> <p><input type="radio"/> No, I have been coping as well as ever</p>
<p>2. I have looked forward with enjoyment to things</p> <p>0 <input type="radio"/> As much as I ever did</p> <p>1 <input type="radio"/> Rather less than I used to</p> <p>2 <input type="radio"/> Definitely less than I used to</p> <p>3 <input type="radio"/> Hardly at all</p>	<p>3</p> <p>2</p> <p>1</p> <p>0</p>	<p>7. I have been so unhappy that I can't sleep</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, sometimes⁵⁴</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p>
<p>3. I have blamed myself when things go wrong</p> <p>3 <input type="radio"/> Yes, most of the time</p> <p>2 <input type="radio"/> Yes, some of the time</p> <p>1 <input type="radio"/> Not very often</p> <p>0 <input type="radio"/> No, never</p>	<p>3</p> <p>2</p> <p>1</p> <p>0</p>	<p>8. I have felt sad or miserable</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p>
<p>4. I have been anxious or worried for no good reason</p> <p>0 <input type="radio"/> No, not at all</p> <p>1 <input type="radio"/> Hardly ever</p> <p>2 <input type="radio"/> Yes, sometimes</p> <p>3 <input type="radio"/> Yes, very often</p>	<p>3</p> <p>2</p> <p>1</p> <p>0</p>	<p>9. I have been so unhappy that I have been crying</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Only occasionally</p> <p><input type="radio"/> No, never</p>
<p>5. I have felt scared or panicky for no good reason</p> <p>3 <input type="radio"/> Yes, quite a lot</p> <p>2 <input type="radio"/> Yes, sometimes</p> <p>1 <input type="radio"/> No, not much</p> <p>0 <input type="radio"/> No, not at all</p>	<p>3</p> <p>2</p> <p>1</p> <p>0</p>	<p>10. The thought of harming myself has occurred to me</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Hardly ever</p> <p><input type="radio"/> Never</p>

Grand total: _____

A score ≥ 10 and/or a non-zero response on the last question (self-harm question in red) is a positive screen.

B. Keep going.... Please check the answer that is right for you. Has there ever been a period of time in your life when you were not your usual self and...

you felt so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/> Yes	<input type="radio"/> No
you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/> Yes	<input type="radio"/> No
you felt much more self-confident than usual?	<input type="radio"/> Yes	<input type="radio"/> No
you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/> Yes	<input type="radio"/> No
you were much more talkative or spoke faster than usual?	<input type="radio"/> Yes	<input type="radio"/> No
thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/> Yes	<input type="radio"/> No
you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/> Yes	<input type="radio"/> No
you had much more energy than usual?	<input type="radio"/> Yes	<input type="radio"/> No
you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/> Yes	<input type="radio"/> No
you were much more interested in sex than usual?	<input type="radio"/> Yes	<input type="radio"/> No
you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/> Yes	<input type="radio"/> No
spending money got you or your family in trouble?	<input type="radio"/> Yes	<input type="radio"/> No

Total of "Yes" responses in this section: _____

A score ≥ 7 is a positive screen.

Additional answers of YES to any of the following questions may contribute further to the diagnosis of bipolar disorder.

2. If you checked YES to more than one of the questions above, have several of these ever happened during the same period of time?	<input type="radio"/> PYes	<input type="radio"/> No
P3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights?		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/> Yes	<input type="radio"/> No
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/> Yes	<input type="radio"/> No

MDQ: HIRSCHFELD. R., ET AL. DEVELOPMENT AND VALIDATION OF A SCREENING INSTRUMENT FOR BIPOLAR SPECTRUM DISORDER: THE MOOD DISORDER QUESTIONNAIRE. AM J PSYCHIATRY 2000; 157: 1873-1875

C Over the last 2 weeks, how often have you been bothered by the following problems?

	0	1	2	3
Feeling nervous, anxious or on edge?	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Not being able to stop or control worrying	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Worrying too much about different things	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Trouble relaxing	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Being so restless that it is hard to sit still	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Becoming easily annoyed or irritable	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Feeling afraid as if something awful might happen	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

GAD-7 SPITZER. RL. ET AL. A BRIEF MEASURE FOR ASSESSING GENERALIZED ANXIETY DISORDER. ARCH INT MED. 2006; 166(10):1092-1097

GRAND TOTAL: _____

Sum the ratings for the 7 items. A score ≥ 5 is a positive screen.

1D. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event? YES NO

If NO, screen total = 0. Please stop here.

If YES, please continue with the following questions

IN THE PAST MONTH:

- | | | |
|--|---------------------------|--------------------------|
| 1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Been constantly on guard, watchful, or easily startled? | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Felt numb or detached from people, activities, or your surroundings? | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused? | <input type="radio"/> Yes | <input type="radio"/> No |

Total number of “yes” responses. _____

A score ≥ 3 indicates a positive screen for PTSD. Consider administering the PCL-C

https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf

REFERENCES

A. Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

- B. Hirschfeld R. M. (2002). The Mood Disorder Questionnaire: A Simple, Patient-Rated Screening Instrument for Bipolar Disorder. *Primary care companion to the Journal of clinical psychiatry*, 4(1), 9–11.
- C. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med*. 2006;166(10):1092–1097.
- D. Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., Kaloupek, D. G., Schnurr, P. P., Kaiser, A. P., Leyva, Y. E., & Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Veteran Primary Care Sample. *Journal of general internal medicine*, 31(10), 1206–1211.